



## Beneficiary Statement

Minnesota Life Insurance Company - A Securian Company  
Group Division Claims • P. O. Box 64114 • St. Paul, MN 55164-0114

For claim information call:  
Toll free 1-888-658-0193  
Fax 651-665-7106

**MINNESOTA LIFE**

### PART 1 – All fields must be completed in Part 1 including your signature

Name of deceased (last, first, middle initial)	Policy number	CLAIM NUMBER
Other names by which the deceased has been known, if any		
Address prior to death (street, city, state, zip)		
Date of birth (mo/day/yr)	Date of death (mo/day/yr)	Date last worked (mo/day/yr)
Name of beneficiary (last, first, middle initial)		
Relationship to deceased	Beneficiary's date of birth	

**CERTIFICATION INSTRUCTIONS:** You must cross out item (2) below if you have been notified by IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2).

**CERTIFICATION** – Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Social Security number or Taxpayer Identification number, **and**
- (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, **and**
- (3) I am a U. S. person (including a U. S. resident alien).

#### Certification Notice:

THE IRS REQUIRES US TO OBTAIN CERTIFICATION OF YOUR SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER. WITHOUT THIS INFORMATION, YOU MAY BE SUBJECT TO GOVERNMENT IMPOSED BACKUP WITHHOLDING FOR ANY INTEREST PAID ON THE DEATH BENEFIT.

Signature of beneficiary <b>X</b>	Date signed	Beneficiary's Social Security number
Current address of beneficiary (street, city, state, zip)		Beneficiary's telephone number
Permanent address of beneficiary (if different than above)		

**A CERTIFIED COPY OF THE PUBLIC DEATH RECORD IS REQUIRED AS PROOF OF DEATH**

### PART 2 – PAYMENT INFORMATION (Benefits will be sent to you via a check if Part 2 is not fully completed and signed.)

How would you like to receive the proceeds payable to you?

☐ Check ☐ Direct Deposit - if you select this option, you must complete and sign the bottom of this form.

#### Authorization for Direct Deposit

I authorize Minnesota Life Insurance Company ("Company") to initiate deposits (credit entries) and corrections (debit entries) to adjust any deposits made in error to my account indicated below. I authorize the financial institution ("Depository") named below to accept these deposits and/or corrections made to this account.

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and manner as to afford Company and Depository a reasonable opportunity to act on it or until such time as Company terminates this method of payment.

Name of depository (bank, credit union, etc.)		Depository telephone number	
Street	City	State	Zip code
Account type <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Bank routing/transit number	Account number	

**IMPORTANT:** For purposes of accuracy, **PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP.**

Signature of beneficiary <b>X</b>	Date signed
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### PART 3 – NOTICE

**NOTICE:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. The commission of insurance fraud may subject such person to criminal and/or civil penalties. Any insurance company or agent of an insurance company who knowingly attempts to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance.